



110 W. Maddux Ste 200; Branson, MO 65616  
Phone 417-337-8529 Fax 417-335-6042

## CITY OF BRANSON WATER & SEWER SERVICE COMMERCIAL APPLICATION

### FOR OFFICE USE ONLY

CUSTOMER ID \_\_\_\_\_ DEPOSIT AMOUNT \$ \_\_\_\_\_  
LOCATION ID \_\_\_\_\_ CASH / CC / MO / CHECK# \_\_\_\_\_  
TRANSFER DEPOSIT FROM ACCT# \_\_\_\_\_ -- \_\_\_\_\_  
PREVIOUS CUSTOMER \_\_\_\_\_  
INITIAL READING \_\_\_\_\_ IRRIGATION INITIAL READING \_\_\_\_\_

### Customer Information

(PLEASE PRINT)

CORPORATION NAME \_\_\_\_\_ STARTING DATE OF SERVICE \_\_\_\_\_  
DBA NAME \_\_\_\_\_ FEIN # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
OWNER OR PRESIDENT OF CORP. \_\_\_\_\_ S.S.# \_\_\_\_\_  
SERVICE ADDRESS \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

Please complete the following information in full:

1. Are you the property: Owner \_\_\_\_\_ Renter \_\_\_\_\_

2. Is the service at this location for:

\_\_\_\_\_ Business Location \_\_\_\_\_ Irrigation Meter \_\_\_\_\_ Other (Explain)

3. If you are the renter, please list the owner's name.

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I do hereby agree to pay all charges for water and/or sewer service at the above location as long as said service remains in my name. At which time I move out, I will notify the City of Branson to discontinue service in my name and will submit a new mailing address at that time.*

**PLEASE COMPLETE AND RETURN FOR OUR BILLING RECORDS.  
THANK YOU!**